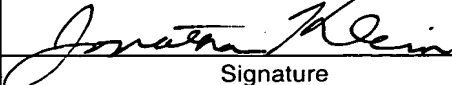


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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53)</small>		Attny Docket No.	PF454P1	Total Pages:	300
		First Named Inventor or Application Identifier Gentz et al.			
		Date	3 March, 2000		
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		Assistant Commissioner for Patents Address to: Box Patent Application Washington, D.C. 20231			
1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (2) 2. <input checked="" type="checkbox"/> Specification (282) (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed Sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawings - Figs.: 1-7B/Total sheets (13) 4. <input checked="" type="checkbox"/> Oath or Declaration Total pages (2) a. <input checked="" type="checkbox"/> Unexecuted b. <input type="checkbox"/> Copy from a prior application (1.63(d)) (for con/div with Box 17 completed) i. <input type="checkbox"/> Deletion of Inventors (signed statement attached deleting inventor(s) named in prior app.) 5. <input type="checkbox"/> Incorporation by Reference (with Box 4b) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		6. <input type="checkbox"/> Microfiche Computer Program (appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input checked="" type="checkbox"/> Computer Readable Copy b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy) c. <input checked="" type="checkbox"/> Statement verifying identity of above copies			
		Accompanying Application Parts 8. <input type="checkbox"/> Assignment Papers (cover and document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attny 10. <input type="checkbox"/> English Translation Document 11. <input type="checkbox"/> Information Disclosure Statement/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, status still proper and desired 15. <input type="checkbox"/> Certified copy of priority document(s) 16. <input type="checkbox"/> Other:			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input checked="" type="checkbox"/> Continuation-in-Part (CIP) of prior application No. 09/006,352, filed January 13, 1998.					
18. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below					
Name	Jonathan L. Klein - Attorney for Applicants Human Genome Sciences, Inc.				
Address	9410 Key West Avenue				
City	Rockville	State	MD	Zip Code	20850
Country	US	Telephone	301-309-8504	Fax	301-309-8439
 Signature		Reg. No. 41,119		3 March, 2000	
				Date	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Gentz et al.

Filed: Concurrently herewith

For: Tumor Necrosis Factor Receptors 6 α and 6 β

Attorney Docket No.: PF454P1

PATENT APPLICATION FEE SHEET

Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

The filing fee required in connection with the subject application is being filed concurrently herewith has been calculated as follows:

TYPE	NO. FILE	LESS	EXTRA	EXTRA RATE	FEE
Total Claims	23	-20	3	\$18.00 each	54.00
Independent	5	-3	2	\$78.00 each	156.00
Minimum Fee					760.00
Multiple Dependency Fee if applicable (\$260.00)					
Total Filing Fee					970.00

Please charge the required fee to Deposit Account No. 08-3425. In addition, the Commissioner is hereby authorized to charge payment for any additional filing fees required under 37 C.F.R. 1.16 or credit any overpayment to Deposit Account No. 08-3425. A duplicate of this paper is attached.

Respectfully submitted,

Dated: 3 March, 2000


Jonathan L. Klein (Reg. No. 41,119)
Attorney for Applicants

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9410 Key West Avenue
Rockville, MD 20850
(301) 251-6015 (telephone)

Attachment